



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300
 FAX: (916) 263-2140



APPLICATION FOR CONTINUING EDUCATION PROVIDER

SECTION 1645 – BUSINESS AND PROFESSIONS CODE
 SECTIONS 1016-1017 - CALIFORNIA CODE OF REGULATIONS

FOR OFFICE USE ONLY

Receipt _____ RC _____
 Date Filed _____ \$ _____
 Approved _____ Denied _____
 RP # _____

FEE: \$250 NONREFUNDABLE

Type or Print legibly

Name of Provider Organization _____

Telephone No. _____

 Address of provider organization

 Mailing Address of provider organization (if different from above)

 Name of administrator of provider organization

 Name of contact person of provider organization

Provider organization is a/an

____ Individual
 ____ Partnership
 ____ Corporation
 ____ Government Agency

____ Dental Society
 ____ Dental Specialty Group
 ____ Health Facility
 ____ Educational Institute

FEIN or SSN # _____

Corporate No. _____

Note: Section 30 of the Business and Professions Code and Pub. L 94-455 (42 U.S.C.A 405 (c)(2)(C) authorizes collection of your Social Security number.

Is the provider organization a subsidiary or division of a parent corporation? ____ Yes ____ No

If yes, name of parent corporation _____

Describe the goals/objectives of the CE program and include any outlines, summaries or brochures pertaining to the course(s).

COURSES OF STUDY

1. Will each course of study be conducted on the same educational standards of scholarship & teaching as that required of a true university discipline & be supported by those facilities and educational resources necessary & comply with this requirement? ☐ Yes ☐ No
2. Will each course of study offered clearly state educational objectives that can be realistically accomplished within the framework of that course? ☐ Yes ☐ No
3. Describe anticipated teaching methods for courses of study for continuing education.
- | | |
|----------------|------------------------|
| _____ lecture | _____ audiovisual |
| _____ seminar | _____ simulation |
| _____ clinical | _____ other (describe) |
-
4. Will participants completing courses of study for credit be asked to provide a written evaluation of the quality of the course? ☐ Yes ☐ No
5. Will courses of study offered for continuing education credit be limited and conform to an orderly learning experience in the area of dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental administration, or the Dental Practice Act and other laws specifically related to dental practice and designed to directly enhance the licentiate's knowledge, skill or competence in the provision of service to patients or the community? ☐ Yes ☐ No
6. Will courses of study offered for continuing education credit be available to all dental and dental auxiliary licensees? ☐ Yes ☐ No
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INSTRUCTORS

Will each instructor have education and experience within the last five years in the subject being taught? ☐ Yes ☐ No

RECORDS

1. Will the provider furnish written certification to each licentiate that the licentiate has met the attendance requirement of the course? ☐ Yes ☐ No

2. Describe how "Certificates of Completion" will be distributed to licentiates.

3. Is provider aware of the record keeping requirements in the event the Board conducts an audit of those courses offered for continuing education credit? ☐ Yes ☐ No
4. Is provider aware of biennial report due at the time of provider renewal which includes a list of all courses offered for credit, names and qualifications of each instructor, and a summary of the content of each course of study? ☐ Yes ☐ No

ACKNOWLEDGEMENT

1. Has provider reviewed section 1645 of the Business and Professions Code and section 1016 and 1017 of Title 16, California Code of Regulations? ☐ Yes ☐ No
2. Does provider agree to abide by the requirements set forth in section 1645 of the Business and Profession Code and sections 1016-1017 of Title 16, California Code of Regulations? Does provider acknowledge that failure to do so may result in loss of provider status? ☐ Yes ☐ No

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the statements made in the application are true and correct, and that all courses offered for continuing education credit will meet the requirements set forth by the Board.

Signature of provider administrator

Date

INFORMATION COLLECTION AND ACCESS

Agency requesting information: *Department of Consumer Affairs, Dental Board of California*, 1432 Howe Avenue, Suite 85, Sacramento California 95825-3241 (916) 263-2300. The information in this application is mandatory and is maintained by the Executive Officer in accordance with Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. The information requested will be used to determine eligibility for a continuing education provider. Failure to provide all or any part of the requested information may result in the application being rejected as incomplete.

Any known or foreseeable interagency or intergovernmental transfer, which may be made of the information, when necessary, are other federal, state and local law enforcement agencies.

Each individual has the right to review personal information maintained on that person by the agency, unless the records are exempt from disclosure.